

Disability/Effective Communication

Field File Review ☐ Yes

Database Review ☐ Yes

## Accommodations

☐ Yes      ☐ NoComments:

## PAROLE VIOLATION

Arrest Date (if applicable)Date of Violation / Date of DiscoveryDescription of Violation Behavior:

PAROLEE ACTIVITY / PROGRESS TO DATE	
1	2
3	4
5	6
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99	100

## Parolee Activity Plan

Working ☐ Yes ☐ No

School ☐ Yes ☐ No

Other:

Explanation

Name	YA Number
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**COMMUNITY TREATMENT PLAN**

Placement:

☐ Residential Program \_\_\_\_\_ ☐ Other \_\_\_\_\_

Plan:


**Unit Supervisor's Comments**


\_\_\_\_\_  
*Unit Supervisor's Signature*      ☐ Approved    ☐ Disapproved      \_\_\_\_\_  
*Date*

**PAROLEE'S CAP LEVEL 1 AND LEVEL 2 DECISION**

- ☐ I accept the Corrective Action Plan above
- ☐ I reject the Corrective Action Plan – I understand that this means my case will be sent to the Juvenile Parole Board for revocation proceedings.

\_\_\_\_\_  
*Parolee's Signature*      \_\_\_\_\_  
*Date*

**STAFF OBSERVATION – ACCOMMODATION/EFFECTIVE COMMUNICATION**

- ☐ Appears to understand
- ☐ Appears to have difficulty understanding  
(if checked, it is mandatory that you complete the Effective Communication section below)
- ☐ **Effective Communication Method Used:** (Foreign language interpreter, sign language interpreter, read/spoke slowly, assistive device, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Prepared and Delivered By (Parole Agent's Signature)*      \_\_\_\_\_  
*Date*

**FOR DJPO REGION USE ONLY**

Comments

\_\_\_\_\_  
*Parole Region Representative's Signature*      \_\_\_\_\_  
*Date*